

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Committee for Maryland's Progress</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00592683	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Canal Partners Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 19 / 2016</b>	
Mailing Address <b>25 Whitlock PI SW Ste 201</b>			Amount <b>105000.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20064-0001</b>	Transaction ID : <b>VQZT2A7JZ65</b>	
Purpose of Expenditure <b>Media Buy</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 19 / 2016</b>	
Name of Federal Candidate <b>CHRIS VAN HOLLEN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MD</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>496716.36</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Facebook</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 18 / 2016</b>	
Mailing Address <b>1601 Willow Rd</b>			Amount <b>250.00</b>	
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025-1452</b>	Transaction ID : <b>VQZT2A7J9Z6</b>	
Purpose of Expenditure <b>Digital Advertising</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 18 / 2016</b>	
Name of Federal Candidate <b>CHRIS VAN HOLLEN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>MD</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>496716.36</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>105250.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<b>105250.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Nicholas Leonardi***[Electronically Filed]**

Date

MM / DD / YYYY  
**04 / 19 / 2016**

Signature